STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013578	A. BUILDING: _____ B. WING _____	R 06/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF HARTFORD CITY	100 INDEPENDENCE PARKWAY HARTFORD CITY, IN 47348

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This survey was for a State Residential Licensure Survey. Survey dates: June 1 and 2, 2016. Facility number: 013578 Provider number: 013578 AIM number: N/A Cenus bed type: Residential: 11 Total: 11 Census payor type: Medicaid: 9 Other: 2 Total: 11 Sample: 7 Crownpointe of Hartford City was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. QR was completed by 99993 on 06/03/16.	R 000		